

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
All Prescribers  
Nursing Home Administrators  
Managed Care Organizations

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**Memorandum No: 06-20**

**Issued:** April 3, 2006

**For information, contact:**

800.562.3022 or

<http://maa.dshs.wa.gov/contact/prucontact.asp>

or visit the pharmacy web site at:

<http://maa.dshs.wa.gov/pharmacy>

**Subject: Prescription Drug Program: Changes to Expedited Prior Authorization (EPA) and Additions to the List of Limitations on Certain Drugs**

**Effective for claims with dates of service on and after May 1, 2006**, unless otherwise noted, HRSA will implement the following changes to the Prescription Drug Program:

- A change to the Expedited Prior Authorization (EPA) list; and
- Additions to the list of Limitations on Certain Drugs.

## **Expedited Prior Authorization Change**

**Effective the week of May 1, 2006:**

<b>Drug</b>	<b>Code</b>	<b>Criteria</b>
Xopenex/ HFA <sup>®</sup> (levalbuterol tartrate)	044	All of the following must apply: <ul style="list-style-type: none"><li>a) Patient is 4 years of age or older; and</li><li>b) Diagnosis of asthma, reactive airway disease, or reversible airway obstructive disease; and</li><li>c) Must have tried and failed racemic generic albuterol; and</li><li>d) Patient is not intolerant to beta-adrenergic effects such as tremor, increased heart rate, nervousness, insomnia, etc.</li></ul>

**Additions to the List of Limitations (dose and age) on Certain Drugs**

<b>Drug</b>	<b>Dosing Limitations</b>	<b>Age Limitations *</b>
Metadate ER <sup>®</sup> , Methylin <sup>®</sup> , Methylin ER <sup>®</sup> , methylphenidate, methylphenidate SR, Ritalin <sup>®</sup> , Ritalin SR <sup>®</sup>	120mg per day	5 years of age and older
Concerta <sup>®</sup> ( <i>methylphenidate ER</i> )	120mg per day as a single daily dose	5 years of age and older
Ritalin LA <sup>®</sup> ( <i>methylphenidate ER</i> )	120mg per day as a single daily dose	5 years of age and older
Metadate CD <sup>®</sup> ( <i>methylphenidate ER</i> )	120mg per day as a single daily dose	5 years of age and older
Dexedrine <sup>®</sup> , Dextrostat <sup>®</sup> , dextroamphetamine	60mg per day	5 years of age and older
Adderall <sup>®</sup> , amphetamine salt combo, Dexedrine spansule <sup>®</sup> ( <i>dextroamphetamine ER</i> )	60mg per day	5 years of age and older
Adderall XR <sup>®</sup> ( <i>amphetamine salt combo ER</i> )	60mg per day as a single daily dose	5 years of age and older
Focalin <sup>®</sup> ( <i>dexmethylphenidate</i> )	60mg per day	5 years of age and older
Focalin XR <sup>®</sup> ( <i>dexmethylphenidate ER</i> )	60mg per day as a single daily dose	5 years of age and older
Strattera <sup>®</sup> ( <i>atomoxetine HCl</i> )	120mg per day as a single daily dose	5 years of age and older

\* Children younger than five years of age require prior authorization.

**To view HRSA's current list of Limitations on Certain Drugs,  
go to:**

<http://maa.dshs.wa.gov/pharmacy/DrugAuth.htm>

**Correction**

HRSA is removing “(\*Not subject to TIP. See pg. M.1.)” from the “Non Sedating Antihistamines” drug class on page N.7 of the *Prescription Drug Program Billing Instructions*. It was copied to this page in error.

## Billing Instructions Replacement Pages

Attached are replacement pages H.19-H.20 and N.5-N.6 for HRSA's current *Prescription Drug Program Billing Instructions*.

## How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WAMedWeb at <https://wamedweb.acs-inc.com>.

## How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** [www.prt.wa.gov](http://www.prt.wa.gov) (Orders filled daily.)
  - a) Click ***General Store***.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either ***I'm New*** or ***Been Here***.
    - ii. If new, fill out the registration and click ***Register***.
    - iii. If returning, type your email and password and then click ***Login***.
  - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
  - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/ telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

## Prescription Drug Program

Drug	Code	Criteria
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|  | <ul style="list-style-type: none"> <li>d) Is not abusing alcohol, benzodiazepines, barbiturates, or other sedative-hypnotics;</li> <li>e) Is not pregnant or nursing;</li> <li>f) Does not have a history of failing multiple previous opioid agonists treatments and multiple relapses;</li> <li>g) Does not have concomitant prescriptions of azole antifungal agents, macrolide antibiotics, protease inhibitors, phenobarbital, carbamazepine, phenytoin, and rifampin, unless dosage adjusted appropriately; and</li> <li>h) Is enrolled in a state-certified intensive outpatient chemical dependency treatment program. See WAC 388-805-610.</li> </ul> |
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### Limitations:

- No more than 14-day supply may be dispensed at a time;
- Urine drug screens for benzodiazepines, amphetamine/methamphetamine, cocaine, methadone, opiates, and barbiturates must be done before each prescription is dispensed. ***The prescriber must fax the pharmacy with confirmation that the drug screen has been completed to release the next 14-day supply. The fax must be retained in the pharmacy for audit purposes;***
- Liver function tests must be monitored periodically to guard against buprenorphine-induced hepatic abnormalities; and
- Clients may receive up to 6 months of buprenorphine treatment for detoxification and stabilization.

**Note:** A Buprenorphine-Suboxone Authorization Form (DSHS 13-720) must be on file with the pharmacy before the drug is dispensed. **To download a copy, go to:** <http://www1.dshs.wa.gov/msa/forms/eforms.html>.

<b>Symbyax<sup>®</sup></b> (olanzapine/ fluoxetine HCl)	048	All of the following must apply: <ul style="list-style-type: none"> <li>a) Diagnosis of depressive episodes associated with bipolar disorder; and</li> <li>b) Patient is <b>6</b> years of age or older.</li> </ul>
<b>Talacen<sup>®</sup></b> (pentazocine HCl/ acetaminophen)	091	Patient must be <b>12</b> years of age or older and has tried and failed two NSAIDs or failed one other narcotic analgesic and is allergic or sensitive to codeine.
<b>Talwin NX<sup>®</sup></b> (pentazocine/nalox one)		

**Prescription Drug Program**

<b>Drug</b>	<b>Code</b>	<b>Criteria</b>
<b>Toprol XL®</b> ( <i>metoprolol succinate</i> )	057	Diagnosis of congestive heart failure.
<b>Topamax®/Topamax® Sprinkle</b> ( <i>topiramate</i> )	036	Treatment of Seizures.
	045	Migraine prophylaxis.
<b>Vancomycin oral</b>	069	Diagnosis of clostridium difficile toxin and the patient has failed to respond after 2 days of metronidazole treatment or the patient is intolerant to metronidazole.
<b>Vitamin E</b>	105	Confirmed diagnosis of tardive dyskinesia or is clinically necessary for Parkinsonism and all of the following:  a) Caution is addressed for concurrent anticoagulant treatment; and b) Dosage does not exceed 3,000 IU per day.
<b>Wellbutrin SR and XL®</b> ( <i>bupropion HCl</i> )	014	Treatment of depression.
<b>Xopenex®</b> ( <i>levalbuterol HCl</i> )	044	All of the following must apply: a) Patient is 4 years of age or older; and b) Diagnosis of asthma, reactive airway disease, or reversible airway obstructive disease; and c) Must have tried and failed racemic generic albuterol; and d) Patient is not intolerant to beta-adrenergic effects such as tremor, increased heart rate, nervousness, insomnia, etc.
<b>Xopenex HFA®</b> ( <i>levalbuterol tartrate</i> )	044	See criteria for Xopenex.®
<b>Zelnorm®</b> ( <i>tegaserod hydrogen maleate</i> )	055	Treatment of constipation dominant Irritable Bowel Syndrome (IBS) in <b>women</b> when the patient has tried and failed at least two less costly alternatives.
	056	Chronic constipation when the patient has tried and failed at least two less costly alternatives.

Drug Class	Preferred Drugs	Non-preferred Drugs
Inhaled Corticosteroids	<b>Generic:</b>  <b>Brand:</b> Aerobid/Aerobid-M <sup>®</sup> (flunisolide MDI) Azmacort <sup>®</sup> (triamcinolone acetone MDI) Flovent <sup>®</sup> (fluticasone propionate MDI) Flovent Rotadisk <sup>®</sup> (fluticasone propionate DPI) Qvar <sup>®</sup> (beclomethasone dipropionate MDI) Pulmicort Respules <sup>®</sup> (budesonide inhalation suspension)	<b>Generic:</b>  <b>Brand:</b> Pulmicort Turbuhaler <sup>®</sup> (budesonide DPI)
Insulin-release stimulant type oral hypoglycemics	<b>Generic immediate release:</b> glyburide glipizide glyburide micronized	<b>Generic:</b> chlorpropamide tolazamide tolbutamide glipizide XR  <b>Brand:</b> Amaryl <sup>®</sup> ( <i>glimepiride</i> ) Diabinese <sup>®</sup> ( <i>chlorpropamide</i> ) DiaBeta <sup>®</sup> ( <i>glyburide</i> ) Glucotrol <sup>®</sup> /XR ( <i>glipizide</i> ) Glynase <sup>®</sup> ( <i>glyburide  micronized</i> ) Tolinase <sup>®</sup> ( <i>tolazamide</i> ) Micronase <sup>®</sup> ( <i>glyburide</i> ) Orinase <sup>®</sup> ( <i>tolbutamide</i> ) Prandin <sup>®</sup> ( <i>repaglinide</i> ) Starlix <sup>®</sup> ( <i>nateglinide</i> )

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Long-Acting Opioids (oral tabs/caps/liquids) (*Not subject to TIP. See pg. M.1.)	<b>Generic:</b> methadone morphine sulfate SA/SR	<b>Generic:</b> levorphanol oxycodone ER Oramorph SR fentanyl transdermal  <b>Brand:</b> Avinza <sup>®</sup> ( <i>morphine sulfate ER</i> ) Duragesic <sup>®</sup> ( <i>fentanyl</i> ) transdermal Kadian <sup>®</sup> ( <i>morphine sulfate SR</i> ) Levo-Dromoran <sup>®</sup> ( <i>levorphanol</i> ) MS Contin <sup>®</sup> ( <i>morphine sulfate SA</i> ) OxyContin <sup>®</sup> ( <i>oxycodone ER</i> )
Non-Sedating Antihistamines (*Not subject to TIP. See pg. M.1.)	<b>Generic:</b> loratadine OTC  <b>Brand:</b>	<b>Generic:</b>  <b>Brand:</b> Allegra <sup>®</sup> ( <i>fexofenadine</i> ) Clarinox <sup>®</sup> ( <i>desloratadine</i> ) Claritin <sup>®</sup> ( <i>loratadine</i> ) Zyrtec <sup>®</sup> ( <i>cetirizine</i> )